

**Andrew DiFiore, LCSW
970 Farmington Ave. Suite 305
West Hartford, CT 06107
860-748-2331**

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Name of client (please print)

Date of Birth

I hereby acknowledge that I have received Notice of Privacy Practices from the office of Andrew DiFiore, LCSW:

Signature of client or legal representative

Date

**Documentation of Good Faith Efforts
To obtain client's acknowledgement that they received provider's Notice of
Privacy Practices**

(for use when acknowledgement cannot be obtained from the client)

The client presented to the office on _____ and was provided with a copy of the Notice of Privacy Practices of Andrew DiFiore, LCSW. A good faith effort was made to obtain from the client a written acknowledgement of his/her/their receipt of the Notice. However, such receipt was not obtained because:

_____ The client refused to sign.

_____ The client was unable to sign or initial because _____

_____ The client had a medical emergency and an attempt to attain the acknowledgement will be made at the next available opportunity.

_____ Other reason: _____

Signature of practitioner completing this form

Date